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| APPLICATION NO.   | EH BIO DAGE  |   | L  |   |  | (Date)  |  |
| 10/584,187  | FILING DATE<br>06/23/2006  |   | FIRST NAMED INVENTO  | R A   | TTORNEY DOCKET NO.   | CONFIRMATION NO.  |  |
| TITLE OF INVENTION:   | PHASE SHIFT CIRC   | UIT, HIGH FREQUENC  | Kenichi Miyaguchi<br>Y SWITCH, AND PHASI   | ESHIFTER  | 0054-0310PUS1  | 1261  |  |
| APPLN. TYPE   | SMALL ENTITY   | ISSUE FEE DUE   | PUBLICATION FEE DUE  | PREV. PAID ISSUE F  | EE TOTAL FEE(S) DUE  | DATE DUE  |  |
| nonprovisional  | NO   | \$1510  | \$300  | \$0   | \$1810   | 02/02/2009  |  |
| EXAMIN  | EXAMINER   |   | CLASS-SUBCLASS   | 7   |  |   |  |
| CHO, JAMES HYONCHOL   |  | 2819  | 333-164000   | J   |  |   |  |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON |  |   | (1) the names of up to or agents OR, alternation (2) the name of a sing registered attorney or 2 registered patent attorated, no name will be  | f a single firm (having as a member a ney or agent) and the names of up to ent attorneys or agents. If no name is will be printed.  2Kolasch & Birch, LL and the names of up to ent attorneys or agents. If no name is will be printed.   |  |   |  |
| PLEASE NOTE: Unless<br>recordation as set forth in<br>(A) NAME OF ASSIGN  | an assignee is identi<br>137 CFR 3.11. Comp<br>EE<br>i Denki Ka  | fied below, no assignee letion of this form is NO.  | data will appear on the p<br>T a substitute for filing an<br>(B) RESIDENCE: (CITY<br>isha T  | atent. If an assignee i<br>assignment.  and STATE OR COU<br>okyo, Japa  | NTRY)<br>n   | ocument has been filed for our pup entity.  Government  |  |
| Publication Fee (No small entity discount permitted)  |  |   | <ul> <li>Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-2448 (enclose an extra copy of this form).</li> </ul> |   |  |   |  |
| Change in Entity Status  a. Applicant claims SI   | MALL ENTITY status   | above)<br>. See 37 CFR 1.27.  | ☐ b. Applicant is no long  | er claiming SMALL. F  | NTITY status See 37 CE   | P 1 27(a)(2)  |  |
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| Typed or printed name   |  | K. Mutter   |  | Registration No   |  |   |  |
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